

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: HORIZON EAST (0010119)
Address: 3304 HORIZON CT, SCHOFIELD, WI 544760361
License Status: REGULAR
Licensed/Certified/Registered 08/08/2003
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095296 **End Date:** 07/14/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009436 Served 08/02/2005

Deficiencies Cited
88.06(3)(c)

Subject Area
ASSESSMENT IDENTIFY NEEDS & ABILITIES

Compliance
Verified

Corrected

Survey ID: 0090753 **End Date:** 08/06/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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